MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING (Print or Type)

NOTE: PLEASE POST PERMIT AT JOB SITE STOW Date , Mass. Town Permit # Tel# Owner/Tenant Type of Occupancy: Address Replacement Renovation Yes No No **FIXTURES** Submitted: FOUNTAIN CONN. BACKFLOW PREV. LAUNDRY TRAYS CLOSET SHOWER STALL FLOOR DRAINS WATER PIPING KITCHEN SINK ROOF DRAINS WASH, MACH. DISHWASHER SLOP SINKS HOT WATER GAS TRAPS DISPOSERS TANKLESS DRINKING NATER SUB-BSMT. BASEMENT 1ST FLOOR 2ND FLOOR 3RD FLOOR 4TH FLOOR 5TH FLOOR Estimated value of Plumbing work Work to Start _ Rough — Final — Final Inspection Date Request: Certificate Check One: (Print or Type) Corp. _____ Installing Company Name _____ Partnership ☐ Firm/Company ____ Name of Licensed Plumber or Gasfitter Business Telephone I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws. I have informed the owner or his agent that I do not have liability insurance including completed operations coverage. Signature of Owner/Agent I have a current liability insurance policy to include completed operations coverage. Eric Sahlberg -PLUMBING Signature of Licensed Plumber INSPECTOR TEL; 978-835-1566 Type of Plumbing License ☐ Master ☐ Journeyman Permit Fee: License Number